FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



## 05051396

# FORM D

NOTICE OF SALE OF SECURITIES 2009 URSUANT TO REGULATION D, SECTION 4(6), AND/OR

DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION ( check if this is an amendment and name has changed, and indicate change.) Private Placement of Limited Partnership Interests of H.I.G. Venture Partners II. L.P. Filing Under (Check box(es) that apply). Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing | Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) H.I.G. Venture Partners II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1001 Brickell Bay Drive, Suite 2700, Miami, FL 33131 305-379-2322 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same as Executive Offices Same as Executive Offices Brief Description of Business Private equity investment fund formed for the purpose of making investments in equity and debt securities.

			PHULESSE
Type of Business Organization			
corporation	imited partnership, already formed	other (please specify):	APR 2 8 2005
business trust	limited partnership, to be formed		Arn e o euuj

CN for Canada; FN for other foreign jurisdiction)

	N		Mor	ith Ye	ear	
Actual or	r Estimated Date of Inc	orporation or Orga	anization: 1	$\overline{0}$	4 Actua	al 🔲 Estimated
Jurisdict	ion of Incorporation or	Organization: (Er	nter two-letter (	J.S. Postal	Service abbreviat	tion for State:

THOMSON

DO



GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	1 100 1. <u>- 4 <del>h</del> 3 - 4 14 4</u>		A. BASIC IDE	NTI	FICATION DATA				4	
2. Enter the information re	quested for the f	ollowin	g:							<del></del>
• Each promoter of t	he issuer, if the i	ssuer h	as been organized w	ithin	the past five years;					
<ul> <li>Each beneficial ow</li> </ul>	ner having the po	wer to v	vote or dispose, or dir	ect th	e vote or disposition	of, 10	% or more of	a clas	s of equity securities o	f the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director	of corp	orate issuers and of	corpo	orate general and man	aging	partners of p	artne	ership issuers; and	
Each general and r	nanaging partner	of part	nership issuers.							
Check Box(es) that Apply:	r Promoter	×	Beneficial Owner		Executive Officer		Director	×	General and/or Managing Partner	
Full Name (Last name first, i	f individual)									
H.I.G. Venture Advisors	II, L.L.C.									
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	de)						
1001 Brickell Bay Drive	Suite 2700, N	Iiami,	FL 33131							
Check Box(es) that Apply:	x Promoter		Beneficial Owner * I.G. Venture rs II, L.L.C.		Executive Officer		Director	Ľ	General and/or Managing Partner	** Manager of H.I Venture Advisors L.L.C.
Full Name (Last name first, i	f individual)									
H.I.G GPII, Inc.										
Business or Residence Addre	ss (Number an	Street	t, City, State, Zip Co	de)						
1001 Brickell Bay Drive.	Suite 2700, M	Iiami,	FL 33131							
Check Box(es) that Apply:	Promoter	I.I.G. V	Beneficial Owner Venture Advisors II, I.I.GGPII, Inc.	Adv	Executive Officer  f H.I.G. Venture isors II, L.L.C. and .GGPII, Inc.		Director *** of H.I.G.		General and/or Managing Partner	
Full Name (Last name first, i	f individual)				.o. Gilly Inc.					
Tamer, Anthony	A STATE OF THE STA									
Business or Residence Addre 1001 Brickell Bay Drive	16			de)						
Check Box(es) that Apply:			Beneficial Owner * Venture Advisors II, H.I.GGPII, Inc.	Adv	Executive Officer • of H.I.G. Venture risors II, L.L.C. and t.GGPII, Inc.	**	Director**  *of H.I.G.  PII, Inc.		General and/or - Managing Partner	
Full Name (Last name first, i	f individual)									
Mnaymneh, Sami	and the second s				·					
Business or Residence Addre 1001 Brickell Bay Drive	The agreement of the control		t, City, State, Zip Co FL 33131	de)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i	f individual)									
Business or Residence Addre	ss (Number an	d Street	t, City, State, Zip Co	de)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i	f individual)							<del></del> ,		
Business or Residence Addre	ss (Number an	d Stree	t, City, State, Zip Co	de)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, i	f individual)									
Business or Residence Addre	ss (Number an	Stree	t, City, State, Zip Co	de)						
	(Use bl	ank sh	eet, or copy and use	addit	ional copies of this sl	heet, a	as necessary)			

					В. П	NFORMATI	ION ABOU	T OFFERI	NG :				
1.	Hac the	isquer cold	or does th	ne igener i	ntend to se	II to non-a	ccredited :	nvestors in	this offer	no?		Yes	No E
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									•••••		×	
2.	•										\$ <u>100</u>	,000*_	
			•									Yes	No
3.											×		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
			first, if indi	vidual)								*****	
	ot Applic		Address (N		1 Street Ci	tu Stata 7	in Codo)					·-·	
Bus	siness or	200	Address (N	umber and	1 Street, Ci	ity, State, Z	ip Code)						
Nan	ne of Ass		oker or Dea	aler									
				1									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)		•••••					☐ Al	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{WV}$	WI	WY	PR
Full	l Name (	Last name t	first, if indi	vidual)									
									•				
Bus	siness or	Residence	Address (N	lumber an	d Street, C	City, State, 2	Zip Code)						
Nan		opioted Dr	oker or Dea	aler									
	ne of Ass	sociated bi	OKCI OI DC	1101									
			1										
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I							
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I						AI	l States
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I			[DC]	FL	GA	_ AI	l States
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Stat	tes in Wh (Check AL IL MT	ich Person "All States  AK  NE	Listed Has " or check  AZ  IA  NV	Solicited individual AR KS	or Intends States)  CA  KY  NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
	(Check AL IL MT	ich Person "All States  AK IN NE SC	Listed Has " or check  AZ  IA  NV  SD	Solicited individual KS NH	or Intends States)  CA  KY	to Solicit I	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	(Check AL IL MT	ich Person "All States  AK IN NE SC	Listed Has " or check  AZ  IA  NV	Solicited individual KS NH	or Intends States)  CA  KY  NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
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Full Bus	(Check AL IL MT RI I Name (	AK IN NE SC Last name t	Listed Has " or check  AZ  IA  NV  SD  first, if indi	Solicited individual AR KS NH TN vidual)	or Intends States)  CA  KY  NJ  TX  d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
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Full Bus	tes in Wh (Check AL IL MT RI I Name ( siness or me of Assettes in Wh	AK IN NE SC Last name to sociated Br	Listed Has " or check  AZ  IA  NV  SD  first, if indi  Address (N	AR  KS  NH  TN  vidual)  Number an	or Intends States)  CA  KY  NJ  TX  d Street, C	CO LA NM UT  City, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Full Bus	tes in Wh (Check  AL IL MT RI  I Name ( siness or ne of Asset (Check	AK IN NE SC Last name to Residence sociated Br ich Person "All States	Listed Has " or check  AZ  IA  NV  SD  Girst, if indi  Address (N  oker or Dea  Listed Has " or check	Solicited individual  AR  KS  NH  TN  vidual)  Number an aler  Solicited individual	or Intends States)  CA  KY  NJ  TX  d Street, C  or Intends States)	CO LA NM UT  City, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
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Full Bus	tes in Wh (Check  AL IL MT RI  I Name ( siness or ne of Asset (Check	AK IN NE SC Last name to Residence sociated Br ich Person "All States	Listed Has " or check  AZ  IA  NV  SD  Girst, if indi  Address (N  oker or Dea  Listed Has " or check	Solicited individual  AR  KS  NH  TN  vidual)  Number an aler  Solicited individual	or Intends States)  CA  KY  NJ  TX  d Street, C  or Intends States)	CO LA NM UT  City, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>\*</sup>The General Partner reserves the right to adjust the minimum from time to time.

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sold
	Debt\$	0	<b>\$</b> 0
	Equity\$		\$ O
	Common Preferred		
	Convertible Securities (including warrants)	0	<b>\$</b> 0
	Partnership Interests (Limited Partnership Interests) \$		\$ 300,000,000
	Other (Specify)\$		ş 0
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases \$ 300,000,000
	Accredited Investors		\$ 500,000,000 \$ N/A
	· · · · · · · · · · · · · · · · · · ·		\$ 300,000,000
	Total (for filings under Rule 504 only)	<u> </u>	\$ 300,000,000
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 303	N/A	\$ N/A
	Regulation A		\$ N/A
	Rule 504		\$ N/A
	Total	N/A	\$_N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	<u>x</u>	
	Legal Fees	<u>x</u>	\$ 500,000
	Accounting Fees	<b>x</b>	\$ 25,000
	Engineering Fees	[_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Miscellaneous	x	\$ <u>225,000</u>
	Total		\$ 800,000

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			\$_299,200,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
		,	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			\$
	Purchase, rental or leasing and installation of mac and equipment	hinery	\$	
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another		_ □\$
	Repayment of indebtedness			_
	Working capital		_ □\$	x \$ 7,500,000
	Other (specify): Management Fee to the Genera	l Partner (\$40,500,000)	\$ 40,500,000	
	Investments in Securities of Certain Businesses	(\$251,040,000)	· · ·	
			□ \$	<u>*</u> \$_251,200,000
	Column Totals			
	Total Payments Listed (column totals added)		\$ <u></u> \$	9,200,000
	The second secon	D. FEDERAL SIGNATURE		
igi	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	ssion, upon writter	
SSU	er (Print or Type)	Signature Bu: H.A.G. Venture Advisors, L.L.C.	Date	***************************************
Н.:	.G. Venture Partners II, L.P.	By: A Partner	April 20 2005	
Vai	ne of Signer (Print or Type)	Title of Signer (Print or Type)		——————————————————————————————————————
An	thony Tamer	Managing Director of H.I.G. Advisors II, L.	L.C.	
		L		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes  No provisions of such rule?							
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.							
ssuer (	Print or Type)  Signator By: H. 1.3 Venture Advisors II, L.L.C. Date							
H.I.G	. Venture Partners II, L.P. By: April 20, 2005							

Title (Print or Type)

Managing Director of H.I.G. Venture Advisors II, L.L.C.

#### Instruction:

Name (Print or Type)

Anthony Tamer

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 2 3 4 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Yes No Amount **Investors** Amount AL X 0 0 0 X ΑK X X 0 0 0 0 X X ΑZ 0 0 0 0 X X AR 0 0 0 0 X CAX \$5,000,000.00 1 0 0 0 CO X X 0 0 0 \$500,000.00 1 X CTX 2 0 0 0 \$8,500,000.00 X X 0 0 0 0 DE X X 0 0 0 DC 0 X X 0 0 0 \$150,000.00 1 FL X X \$2,500,000.00 1 0 0 0 GA HI X 0 0 0 0 X ID X 0 0 X 0 0 IL X 0 X 0 0 0 ΙN X X 0 0 X X 0 0 0 0 IΑ X X 0 0 0 0 KS X KY X 2 0 0 0 \$20,000,000.00 X X 0 Ó 0 0 LA X ME X 0 0 0 0 X MD X 0 0 0 0 X X MA \$15,000,000.00 1 Ö 0 0 X X 0 0 0 0 MI X MN X 0 0 0 0 MS X X 0 0 0 0

1	2	2	3 4						5 Disqualification	
	to non-actions	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		under State UL (if yes, attach explanation o waiver grante (Part E-Item 1					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		X	*	0	0	0	0 .		×	
МТ		<b>X</b>	*	0	0	0	0		X	
NE	٠	X	*	0	0	0	0		X	
NV		X	*	0	0	0	0		X	
NH		X		0	0	0	0		X	
NJ		X	*	0	0	0	0		X	
NM		X	*	0	0	0	0		X	
NY		X	\$180,064,711.00	20	0	0	0		X	
NC		<b>X</b>	*	0 ,	0	0	0		X	
ND		X	*	0	0	0	0		X	
ОН		X	*	0	0	0	0		X	
ОК		X	*	0	0	0	0		X	
OR			*	0	0	0	0		X	
PA		<b>X</b>	\$9,000,000.00	2	0	0	0		X	
RI		X	*	0	0	0	0		X	
SC		X	*	0	0	0	0		X	
SD		X	*	0	0	0	0		X	
TN		X	*	0	0	0	0		X	
TX		X	*	0	0;	0	0		X	
UT	1.4	X	*	0	0	0	0		×	
VT		X	*	0	0	0	0 .		X	
VA		X	*	0	0	0	0		X	
WA		X	\$7,500,000.00	1	0	0	0		X	
WV		×	*	0	0	0	0		X	
WI		X	*	0	0	0	0		X	

			fig. (	APP	ENDIX		,		
1	2 Intend to sell to non-accredited		Type of security and aggregate offering price		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)				
		s in State -Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		X	*	0	0	0	0		X
PR		X	*	0	0	0	0		×

COMMENT: Total commitments from 17 foreign investors equals \$50,885,289.00 and commitments from the General Partner and an affiliate of the General Partner equals \$900,000.00.